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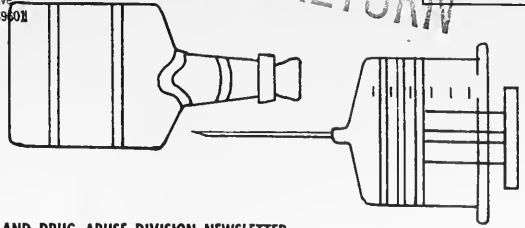
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The Habit



MONTANA ALCOHOL AND DRUG ABUSE DIVISION NEWSLETTER

Volume 6, Number 3

April-May, 1980



Boyd Andrew

Andrew Honored By Helena Friends

"Boyd Andrew's Day" honoring Boyd Andrew, pioneer in care for recovering alcoholics, was held April 26 at St. Paul's United Methodist Church in Helena.

Before suffering a stroke in January 1979 Andrew worked tirelessly to help recovering alcoholics. He used his home, which he called Boyd's Guest House, as a half-way house and alcoholism information center. Originally his only funding came from his own retirement checks but later he received help from St. Paul's and other sources and the Guest House expanded to the Lewis and Clark Alcoholism Program (LCAP).

In appreciation of Andrew's work, the LCAP has changed its name to the Boyd Andrew Service Center. The name change announcement said, "He cared, he accepted no excuses, and he never gave up hope on any alcoholic he met."

At this time Andrew is confined to his bed or a chair and is being cared for at the Hillbrook Nursing Home in Alhambra. He can only communicate with his eyes but recognizes people and enjoys company.

Drug Funds Cut

A reduction in federal funding provided by a statewide services grant has resulted in the loss of forty outpatient drug treatment slots as of April 1, 1980. Only 328 of the 368 slots requested were approved. This will require a reduction in counselor slots which will occur through attrition according to D.H. Skip Wilcox, drug supervisor. Attrition should allow for a balanced budget by the end of the contract year, March 1, 1981.

Treatment slot losses are as follows: Butte - 78 reduced to 58, Anaconda - 38 reduced to 36, Bozeman - 68 reduced to 59, Helena - 58 reduced to 54, Missoula - 58 reduced to 53. Other programs will not lose slots.

Mini-grants Available

Prevention mini-grants will be awarded at the end of September. Application packages with forms and guidelines will be distributed in early July and proposals are due at the end of August.

Maximum awards will be \$1500 to a single agency or \$3000 for a combined application from two or more agencies. Funding priorities are:

- projects directed toward under-served populations (women, elderly, Native American)
- experimental or innovative programs
- planning and implementation of comprehensive community prevention programs
- implementation and evaluation of the Montana Teacher's Guide for Alcohol Education
- programs directed toward parents and families

ADAD prevention manager Charles Canterbury suggests that now is the time to start thinking about projects. He will be available to discuss projects that are in the planning stage.

Walk-a-thon Works

Rose Anderson of Melstone was named "Queen of the Road" after walking 26 miles in a walk-a-thon supporting the Musselshell County Foundation drug and alcohol program. Anderson suggested the fund-raiser, secured the lion's share of pledges, and was the only one of the 11 contestants to complete the course.

The walk-a-thon raised an estimated \$1,200 in the central Montana town of about 300 people. However, Melstone's effort was supported by walkers and sponsors from nearby Roundup where the drug and alcohol program's office is.

Ed Jewell, chairman of the board for the Musselshell County program, provided first aid, transportation and lunch for the walkers.



Participants in Melstone's Walk-a-thon for the county drug and alcohol program are pictured lined up and ready for an early morning start. Left front: Wanemah Hollie, Edna Ritterdorf, Patty Berg, Rose Anderson, LaVonne Brower, Carol Farr, LaVerne Jewell, JoAnne Wall, Beck Kent Farr and Ed Jewell. (Photo by Kent Farr, Musselshell County Foundation director)

Funding for Women's Advocate Requested

Two years of work by the Women's Task Force on Substance Abuse has culminated in a proposal for funding for a statewide women's advocate which the ADAD will submit to the National Institute on Alcoholism and Alcohol Abuse. The primary purpose of the women's advocate will be to increase women's utilization of alcoholism and drug abuse treatment services through a media and public relations campaign in Montana communities.

The advocate's activities will include outreach to potential women clients, provision of information and education for health service providers so they will recognize substance abuse problems in their women patients; and facilitation of greater cooperation between generic agencies and alcohol and drug treatment programs.

The proposal defines generic agencies as community agencies such as health clinics, religious organizations, mental health providers, and social service agencies. These agencies often have contact with women who need but do not utilize substance abuse services.

Montana treatment programs whose outreach time is limited by heavy counseling responsibilities will be able to utilize the women's advocate's assistance in developing contacts and providing community education. Additionally, the advocate will encourage the provision of staff training based on sensitivity and awareness of trainee's own attitudes toward women.

By the third year of the proposed project a hot line and confidential post office box will have been established. It will be aimed particularly at isolated rural women who, for a variety of reasons, are unwilling to contact available treatment programs.

Elder-Ed Packages Available Now

Elder-Ed, a National Institute on Drug Abuse (NIDA) package addressed to the prevention of medication misuse among the elderly, is available from C.T. Canterbury, ADAD prevention manager. The package includes a film and brochures.

The potential for prescription drug abuse by older people is indicated by figures included in "Drug Survival News" which show that people over 65 comprise 10 percent of the population and consume 25 percent of the prescription drugs.

The Elder-Ed message to prescription drug users is "Take responsibility for your own health care." It suggests four ways to do this: 1) Give and receive clear information when you visit the doctor; 2) Get information about medicines from your pharmacist; 3) Organize a system for taking your medicines; 4) Recognize, and know what to do, when a medicine causes negative side effects.

Charts are included for use in organizing a medication system.

Also included is the list of medication use do's and don'ts shown below.

Do

- Tell your doctors about all the medicines you are taking and about any allergies or sensitivity you may have to any drug
- Be sure you understand all instructions before starting to use a drug—including when to take it, with what, how long to continue, what to do if problems occur
- Make sure you take medicines when you're supposed to—which for people taking several drugs might mean having a system for keeping track
- Call your doctor if you notice any new symptoms or side effects
- Keep drugs in airtight containers and store them properly
- Keep a permanent record of all drugs and vaccines you are sensitive or allergic to.

Don't

- Take more—or less—than the prescribed amount of any drug
- Stop taking a drug suddenly without checking with your doctor—even if you feel better
- Mix alcohol and medication unless your doctor says it's ok. Although not all drugs react adversely with alcohol, many do
- Take drugs prescribed for someone else, or give yours to someone else
- Transfer a drug from its original bottle to another
- Keep old or expired medicines in your medicine cabinet

Schools and Conferences

The University of North Dakota Twenty-second International School of Alcohol Studies will be held July 20-25, 1980 at the university in Grand Forks, North Dakota. Registration and information are available from The Division of Alcoholism and Drug Abuse, 909 Basin Avenue, Bismarck, ND 58505 or the Division of Continuing Education, University of North Dakota, Grand Forks, ND 58202.

The First Annual Multi-state Conference on Substance Abuse and Special Populations will be held October 14-17, 1980 in Williamsburg, Virginia. For information write or telephone Ms. Jo Riley-Kauer, Office of Education and Training for Addiction Services, 2101 W. Preston St. 4th Floor, Baltimore, MD 21202, (301) 383-3690.

Montanans paid \$20,075,748 in Federal excise tax on beer, wine, and spirits in 1979.

Introducing— Liz McDonnell



Liz McDonnell

Liz McDonnell has started secretarial work at the ADAD with the unenviable job of clearing out the files for the end of the fiscal year. Nevertheless, she maintains good cheer, sees that everyone has what he or she needs, and maintains enough energy at the end of the day to plan for two weddings that will take place in her family this summer.

She has worked for the State "on and off for almost eleven years" and likes this job because she feels like it is worthwhile—"Doing something for them, not to them" is the way she puts it.

Reservation FAS Rate High

Kenneth L. Jones of the Department of Pediatrics of the University of California/San Diego, told HEW and Treasury officials drafting a Congressionally mandated report on health hazards related to alcohol use that fetal alcohol syndrome is the third most common birth defect in the United States but the most common "environmentally caused" defect. It occurs, he said, in 1-2 per 1,000 live births but at an "astromonic" level of 1-2 per 100 live births among certain Indian reservation populations.

by permission from the publishers of The Alcoholism Report

Film Library Urges Care and Cleaning

Montana drug and alcohol programs are reminded that the ADAD has a contract with the State Film Library covering cleaning and repair of films. The library is concerned about damage to films which, they say, is often caused by inadequate care of projectors. Therefore they urge everyone who uses films to re-read the cleaning and use instructions that came with their projectors and follow the instructions carefully.

In addition the library makes the following suggestions:

- Make sure sprockets are lined up
- Turn off lamp when film is stopped
- Don't use scotch tape if film breaks. Instead re-wind the film and send it in for repair
- Run films at room temperature as splices are brittle. If film has been at a low temperature, don't run it until it has time to warm up
- Always rewind
- Have films repaired immediately
- Film should be cleaned every fifth or sixth time it is shown
- Keep projectors clean as dirty projectors scratch film. Use lens paper to clean lens. Don't touch lens with finger. Keep projector dust proof. Keep gears clean.

The State Film Library address is: State Film Library, Department of Health and Environmental Sciences, Cogswell Building, Helena, MT 59601.

New Rand Report Supports Abstinence

Findings of the recently released Rand Report, "The Course of Alcoholism: Four Years After Treatment," suggest that "abstinence is the most appropriate goal in the treatment of alcoholism," according to NIAAA Director John R. DeLuca. The report revealed that even those with low levels of alcohol dependency who try to return to drinking after treatment have a very high relapse rate. Mr. DeLuca said, "This study," according to authors J. Michael Polich, David H. Armor, and Harriet B. Braiker, "does not recommend that any alcoholic should resume drinking."

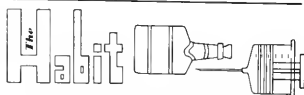
The authors noted, however, that while most alcoholics ran a higher risk of relapse if they drank, even in moderate amounts, than if they abstained, certain subgroups of patients—those who were less dependent on alcohol and were under 40 years of age—had a good prognosis if they engaged in "nonproblem drinking." They defined "nonproblem drinking" as "drinking without any symptoms or adverse consequences."

The first Rand Report, "Alcoholism and Treatment," issued in 1976, indicated that certain alcoholics might be able to learn to control their drinking. The report was based on a random sample of 1,340 males 6 and 18 months after they had been admitted to one of eight Alcoholism Treatment Centers (ATC) funded by NIAAA. The new Rand Report is based on a random subsample of 922 of the same men 4 years after they first entered treatment. It is regarded as the most extensive study ever made in terms of the number of alcoholics traced and the length of the followup. Information was obtained on 85 percent of the original 1,340 men surveyed.

Among major findings of the report were:

- At the four year followup, 46 percent of the patients interviewed were "in remission." Twenty-eight percent had been abstaining for 6 months or more, while 18 percent were classified as "nonproblem drinkers."
- Those who had the most treatment, whether as inpatients or outpatients, showed the most significant improvement and had fewer serious alcohol problems at the 4-year followup.
- The death rate for long-term abstainers was no higher than the expected rate in the general population, strongly suggesting that long-term abstinence significantly improves the overall health status of an alcoholic and prevents early death.
- An estimated 14.5 percent of the men in treatment had died—a rate 2½ times the expected rate for the general population. More than half of the deaths were related directly to alcohol, with the rates higher for those under 40 years of age.
- Alcoholic men who regularly attended Alcoholics Anonymous—14 percent of the total sample—had the highest rate of long-term abstinence, 57 percent of the AA attendees were abstinent at the time of the 4-year followup.

—from NIAAA Information and Feature Service



THE HABIT is the newsletter of the Alcohol and Drug Abuse Division of the State of Montana, Department of Institutions.

Michael A. Murray, Division Administrator, Robert W. Anderson, Reporting and Evaluation Bureau Chief.

Darryl Bruno, Community and Program Development Bureau Chief.

Editor, Lynne Scott.

Comments and suggestions from readers are invited: phone (406) 449-2827 or write ADAD, Department of Institutions, 1539 11th Ave., Helena, MT 59601.



Jo Kaste takes a break while showing visitors a guest room in the new BASC women's facility.



Donations to the BASC women's house included china for the coffee—no throwaways here.



The ADAD's Joan Rutledge is shown in the BASC women's house visitor's room.

Borrow From NIDA

A FREE audiovisual loan service is operated through the Clearinghouse multimedia Resource Center. The Center's collection consists of more than 300 items including films and filmstrips, recordings, games, tapes, video cassettes, etc. Any interested individual or group may borrow one item from the collection for a two-week period in accordance with the following policy:

The request must be submitted to the Center by mail or in person on an Interlibrary Loan form which can be obtained from most libraries. If the requestor borrows a film and returns it by mail, the film must be insured for \$200 with a Return Receipt. Failure to arrange for insurance and Return Receipt will result in the loss of borrowing privileges.

The Resource Center receives numerous requests for this service; thus, it is strongly recommended that prior to sending the Interlibrary Loan form borrowers contact the Center and reserve the item for the desired time period.

To reserve a film or other audiovisual, call (301) 443-6614; Interlibrary Loan forms should be mailed to: NIDA Resource Center, Room 10A54, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

ADAD Buys Films

The ADAD has ordered ten films which will be available at the State Film Library. They are:

—Additional copies of the *Jackson Junior High* series;

—Additional copies of *Alcohol, Drugs, and Alternatives* and *Psychoactive*;

—New films *An Ounce of Prevention*, *Soft is the Heart of a Child*, *Up Front*, and *Alcoholism in the Family*.

All of the new films will be reviewed in The Habit when they arrive.

An additional improvement to the State Film Library is being made by Charles Canterbury who is reviewing the collection of substance abuse films and weeding out those that are out of date.

Reality Therapy Workshop

An intensive one-week reality therapy workshop will be held Oct. 22-26, 1980 in Las Vegas, Nevada.

The instructor will be Gary Applegate, Ph.D., of the Institute for Reality Therapy, Los Angeles, California.

The tuition is \$300. For more information contact Community Referral Services, 1111 Las Vegas Blvd. South, Suite 228, Las Vegas, Nevada 89104.

Five hundred copies of this publication were produced at a unit cost of 4.9 cents per copy, for a total cost of \$245.80 which includes \$212.20 for printing and \$33.60 for distribution.

NIDA Prevention Priorities Listed

Prevention Resources, A National Institute on Drug Abuse (NIDA) publication has listed NIDA prevention priorities for 1981 and suggested that awareness of the priorities should be useful to programs planning prevention activities and looking for funding.

Among the priorities listed are:

—to continue development of a full-scale National Prevention Evaluation Resource Network;

—to fund prevention coordinator positions in each state desiring such positions to serve as the focal point in developing statewide drug abuse prevention systems;

—to continue research into the role of alcohol, tobacco, and marijuana as intermediate stages in the development of dysfunctional drug use and to explore prevention approaches designed to reduce the use of these "gateway" drugs;

—to develop prevention approaches aimed at special population groups

—to develop prevention approaches around family involvement and improved parent-child interaction;

—to promote involvement of business, labor, and other private sector groups in developing drug abuse prevention activities;

—to devise prevention methods that help youth assess the risks associated with drug use and to make sound drug-related decisions on the basis of such assessments.

Popcorn Anyone?

by Candis Compton

Alcoholism: The Bottom Line 29 min., color, Motivational Media, \$395. Motivational Media's information describes the film so well that it is quoted here.

"Alcoholism: The Bottom Line" recognizes that the alcoholic's reasons given for poor job performance are frequently lies told to the supervisor—and that the supervisor is rarely, if ever, qualified by training to cope with or diagnose the problem employee as an alcoholic.

A carefully selected cross-section of work-related problems involving suspected alcoholics and supervisors are dramatized, showing the correct steps which can be taken when the supervisor sticks to his or her professional skill, the evaluation of job performance.

The supervisor is encouraged to refer the suspected alcoholic to the appropriate company or agency facility for professional counseling within the context of existing labor-management policies regarding problem workers."

Excellent film.

Capt. Joseph A. Pursch, M.D., will become Corporate Medical Director of Comprehensive Care Corp. (CompCare), Newport Beach, Ca., on retirement from the Navy as Chief of the Alcohol Rehabilitation Service, Naval Regional Medical Center, Long Beach, Ca., June 1.

—by permission of The Alcoholism Report

Montana's First Women's Halfway House Opens

A halfway house decorated with donations looks like a garage sale waiting to happen—right? Wrong—the Boyd Andrew Service Center's (BASC) new women's transitional living facility in Helena looks like a welcoming, cared for, cheerful, happy home. The bedsprings are pretty and they match; the paint and wall paper are cheerful and carefully chosen; the furniture is attractive and new looking; houseplants are thriving; and there is a dog named Boozie in the yard.

The new facility is the first women's halfway house in Montana. It opened in mid-March and has had three residents to date as well as being used for a drop-in center and out-patient counseling. At this time five beds are available and have all been reserved. There is a waiting list for future vacancies.

The BASC bought the house that they hoped to use for a women's facility because it had room and potential—for someone with enough money to fix it up. However, there wasn't any money and for some time the staff was afraid that they had overreached themselves.

Then donations started piling up on the porch. The people of Helena, who had learned of the need primarily through church bulletins, were responding with furniture, labor, and material. Contributions have continued to come in and have included paint which residents of the BASC men's house have used to paint both facilities.

The new women's halfway house is an outgrowth of the BASC men's house. Residents of both houses eat the evening meal together and share some group meetings, an association that Jo Kaste, BASC director, says has been beneficial for both.

Residents at each house take care of housekeeping chores and are expected to participate in treatment, education, vocational training or jobs. No one sits around watching TV.

Residents at the facility are asked to sign a ninety-day contract agreeing to fully participate in the program and fulfill program expectations.

Children are not accepted at this time but foster care can be arranged for the dependents of women on AFD.

Residents are expected to have completed an in-patient treatment program.

Most people over the age of 25 who think of themselves as intellectuals have grown up to assume that life is externally about the efficient management of rapid technical change and internally about the rational explaining away, or stupefying by whiskey and drugs, of private unhappiness.

—from The Economist

AIS Data for Veterans

A request for information concerning incidence and prevalence of alcohol abuse among Vietnam era veterans, as recorded by the Montana Alcohol Information System (AIS), has resulted in compilation of the following data.

A sample was drawn from the AIS designed to include only clients indicating "veteran" or "on active duty" military status at time of admission. This sample included all admissions during calendar year 1979. As Vietnam veterans were expected to be gen-

erally located within age groups of 26 through 44, only that series of ages was included. This preliminary study does not specifically isolate only Vietnam veterans, but it was designed to collect information from veterans within the Vietnam era.

During calendar year 1979, the "veteran" and "on active duty" distribution for individuals aged 26 through 44 was as follows. This breakdown followed preselection to collect only individuals who were included in one of the groups.

	Veteran	On Active Duty	Row Total
Alcohol Admission	947	52	999
Family Admission	34	1	35
DWI Admission	247	2	249
Alcohol Readmission	417	3	420
Family Readmission	3		3
DWI Readmission	13		13
Column Total	1661	58	1719

Comparison with admission data for all 1979 clients admitted to treatment within the state of Montana shows the Vietnam era veterans, ages 26-44, comprised 17.9 per cent of all alcohol first admissions (999 out of 5596) and 20.1 per cent of all Montana

Courts School (DWI) first admissions (249 out of 1239).

A separation of these clients by age indicates 79.0 per cent of the veterans within the sample were 31-44 years old.

	26-30	31-44	Row Total
Alcohol Admission	212	787	999
Family Admission	11	24	35
DWI Admission	60	189	249
Alcohol Readmission	75	345	420
Family Readmission	1	2	3
DWI Readmission	2	11	13
Column Total	361	1358	1719

Clients admitted as "first admission" only refers to the particular alcohol treatment program. The sample of clients which was

reported as first admissions shows histories of previous alcohol treatment episodes at other programs.

NUMBER OF PREVIOUS ALCOHOL TREATMENTS	None	469	(46.9%)
	One	245	(24.5%)
	Two	123	(12.3%)
	Three	57	(5.7%)
	Four	39	(3.9%)
	Five or more	66	(6.6%)

This analysis was prepared at the request of individuals concerned with, among other disabilities, delayed reaction syndrome. The high percentage of individuals admitted for first treatment at an age older than 25 (and about 80 per cent of this sample is aged 31 or above) raises questions suitable for further study about the substance abuse patterns within this sample.

These statistics must be viewed as preliminary, however the initial data strongly suggests comparative analysis is appropriate to find out why a population of 17,000 veterans, which represents only 2 per cent of Montana's 786,000 people, provided almost 20 per cent of the first admissions to alcohol treatment centers during the previous calendar year

Manpower Data Available

A manpower utilization survey, conducted earlier this year by the ADAD training and certification section provided baseline data on people employed in Montana alcoholism treatment programs. Data provided by the study will be used to define and describe manpower problems and potential solutions as they exist in the state. The study was funded by the National Institute on Alcoholism and Alcohol Abuse.

The information will be expanded through other surveys and/or studies to be done over the next two years with the intent of providing information which programs, in cooperation with ADAD, may use to analyze their internal manpower status

The current survey which covered 41 of the state's 43 alcohol programs provided the following information.

—259 employees were reported, but the estimated figure adjusted for the two missing programs is between 270-275 persons employed in alcoholism in Montana;

—51 per cent of workers are treatment personnel;

—20 per cent are administrative or supervisory personnel;

—27 per cent are non-professional auxiliary personnel;

—2 per cent are prevention/education personnel;

—Fifty separate job titles were reported with the most common title listed as "counselor;"

—Fifty-seven per cent of the work force is female and 42 per cent male; however, since many positions are clerical, the adjusted treatment force figures indicate a 50/50 split between men and women;

—Programs range in size from 1 to 30 persons, with the most common size being a seven person program, the average or mean size program has twelve employees;

—A profile of the worker in Montana's alcoholism programs is; age - 39 years, education - 12 years, experience - 4 years;

Fifty per cent report themselves as recovering alcoholics; forty-eight per cent have had training; fifty-two per cent have had no training

Reporters Appreciated

by Dick Petaja

Editor's Note: Dick Petaja, will be leaving the ADAD June 1 to accept a position as research specialist with the Corrections Support Bureau, Montana Department of Institutions.

Upon leaving ADAD I want to sincerely thank all the data people throughout the state for making the alcohol reporting system an accurate and useful information tool. The original package was initiated in 1977 and over 50,000 records have been processed. This would not have been possible without excellent support and cooperation from many individuals working in the treatment programs. Completion of accurate and timely reports is a tedious, unappreciated, and difficult job. The people who have done this difficult assignment well should feel proud of their efforts.

I would like to publicly praise Carrie Larsen for outstanding work since this reporting system began. She has cheerfully edited thousands of records, completed hundreds of telephone calls, and, although she insists she is not a trainer, probably has provided more training for the alcohol (and CODAP) system than anyone else in ADAD.

The alcohol reporting system is progressing through the transitional phases associated with major revision. The new package will eventually provide useful changes including reduced turnaround time, polydrug information, and 90-day caseload information. The transitional phase is difficult and time-consuming, but progress is being made so please continue to submit reports on time and give full cooperation to the ADAD staff.

Once again I want to thank all the alcohol treatment personnel associated with data preparation for your excellent work and wish you much success in the future.

VA Guidelines Ready

Guidelines for the Veterans Administration's pilot program for awarding contracts for alcoholism and drug abuse services in community-based facilities have reportedly been completed and will be published in the Federal Register in the next few weeks.

AR was told that the Administration's March budget revisions proposed no cutbacks affecting the pilot program, which has been allocated about \$1.7 million this fiscal year. Under the five-year program enacted by Congress last year (PL-96-22), the VA is authorized to contract with a wide range of community programs. Initial focus of the effort, however, will be on the halfway houses/recovery homes, according to the VA's Alcohol and Drug Dependence Division (AR, Jan. 28). (Alcohol and Drug Dependence Division [116A3], VA Central Office, Washington, D.C. 20420; 202/389-5193.)

—by permission of The Alcoholism Report

SWMMH Quits Alcohol

Alcoholism services provided by Southwest Montana Mental Health were discontinued May 30, 1980. The decision to discontinue was made by the agency's governing board in response to reduced local financial support last August, although full service levels were maintained until this month.

The availability of residential and outpatient alcoholism counseling services at the Boyd Andrew Service Center made possible a smooth transition for Southwest clients in Lewis and Clark, Jefferson, and Broadwater counties.

A draft of the State Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation for FY 1981 will be available at the end of June.